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1 UNITED STATES DISTRICT COURT

2 DISTRICT OF SOUTH CAROLINA

3 FLORENCE DIVISION

4 JOHNATHAN LEWIS,

5 Plaintiff,

6 vs. CASE NO. 4:23-cv-01720-JD

7 CIRCLE K STORES, INC.,

8 Defendant.

9 VIDEOCONFERENCE

10 DEPOSITION OF: JOSEPH J. CALANDRA, MD

11 (Attending by VTC)

12 DATE: July 16, 2024

13 TIME: 10:04 a.m.

14 LOCATION: Law Offices of

15 Regus - Mount Pleasant

16 1240 Winnowing Way

17 Suite 102

18 Mount Pleasant, South Carolina

19 TAKEN BY: Counsel for the Plaintiff

20 REPORTED BY: JULIE L. BONOMO

21 (Attending by VTC)

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<p>1     Q. Forces applied to various bones and 2 tissues as a person moves?</p> <p>3     A. Yes.</p> <p>4     Q. Okay. What kind of -- well, let me ask 5 this. Are there any other areas that you will be 6 giving an opinion in other than we have talked 7 about the medical causation of the injury and now 8 biomechanics?</p> <p>9     A. I have -- in this particular case, I 10 think one thing that's relevant if you want is that 11 this patient is a smoker, and smoking affects blood 12 supply to tendons, causes tendons to be weaker than 13 they normally would be. So I'm not sure if that is 14 a patient factor. I'm not -- you know, so that's 15 an issue. I call it an issue.</p> <p>16     Q. Sure. Would that kind of fall into the 17 medical causation bucket?</p> <p>18     A. Yes, I think so.</p> <p>19     Q. Okay. All right. All right. Is there 20 any other kind of bucket other than medical 21 causation, biomechanics, to the extent that those 22 don't necessarily overlap, any other third, fourth, 23 fifth bucket that you would say I have opinions 24 that fall into a bucket outside of one of those 25 two?</p>	Page 18	<p>1 not every week, but weekly conferences about 2 biomechanics, and that's just part of your basic 3 training.</p> <p>4     Q. Okay. What courses did you take in 5 biomechanics?</p> <p>6     A. Well, there is a -- there is a -- the 7 American Academy of Orthopedic Surgery has a course 8 that, you know, you take throughout your residency 9 program, so it's not like one specific course in 10 biomechanics. It's kind of a four-year educational 11 core symposium, whatever, that you do some each 12 year.</p> <p>13     Q. What is the content of that course?</p> <p>14     A. Well, some physics, some anatomy. So 15 I'm not sure what you mean by "the content." It, 16 you know, we do materials, material properties and 17 that kind of thing. I'm not -- yeah.</p> <p>18     Q. Can you tell me the opinions that you 19 have that relate to this case?</p> <p>20     A. Sure. So you know after reviewing the 21 video many, many times, many, many, many times, I 22 do not see any evidence of this gentleman slipping. 23 I did see him fall. Now, looking at or reviewing 24 the original EMS records, the patient, Mr. Lewis, 25 said he heard a pop and then he fell to the ground.</p>
<p>1     A. No.</p> <p>2     Q. Okay, great. Tell me a little bit 3 about your training as it relates to orthopedic 4 surgery and orthopedic medicine?</p> <p>5     A. Okay. I did a one-year surgical 6 internship at a Cornell University Hospital. After 7 that, I did a four-year orthopedic residency 8 program at Long Island Jewish Medical Center which 9 was a Stony Brook Medical Center Hospital.</p> <p>10     After those four years, I spent one 11 year doing a sport -- actually, I spent two sports 12 medicine fellowships, six months each, one 13 six-month fellowship at the Houston Orthopedic 14 Clinic. And then another six months with 15 Dr. Andrews in Birmingham, Alabama.</p> <p>16     Then after that, I spent a year at Duke 17 University doing hand and microvascular surgery. 18 Then I started my practice and, you know, during 19 your practice, you're always getting CMEs and going 20 to conferences and that kind of thing. But that 21 was my base training.</p> <p>22     Q. Okay. What training if you could just 23 tell me briefly your training in biomechanics?</p> <p>24     A. Well, that is part of your orthopedic 25 residency. We have courses, conferences weekly --</p>	Page 19	<p>1     So then there was an issue about his 2 toe. So we know from his history that his patellar 3 tendons were injured and repaired once before. We 4 know from his -- also that he was a football player 5 of some sort, semiprofessional, whatever, and that 6 this -- and we know that he has a big body type 7 because he is a big man. And all of these put 8 stress and over time weaken your patella tendon.</p> <p>9     We -- also the history of hearing a pop 10 and then falling gives a suggestion that -- oh, I 11 wanted to go back also. If you go back, I think 12 about four or five years prior, he was having 13 difficulty with his other knee; he had pain and 14 swelling with his left knee and at that time, he 15 told his orthopedic surgeon that he couldn't work. 16 I guess he used to work as a security guard and 17 could no longer work as a security guard because 18 this other knee was bothering him, I think it was 19 -- it was two years prior to, it was in '20, it was 20 2020. And anyway, so we know that he has 21 preexisting knee condition, we know that his 22 tendons are not normal.</p> <p>23     So what I -- from watching the video, 24 from reading is what I surmised with a reasonable 25 degree of medical certainty one of two things is</p>

<p>1 that he was walking and this -- he heard pop, his  2 tendon tore and we need to know his tendon didn't  3 completely tear, it was a partial tear and he fell  4 to the ground.</p> <p>5 The other thing that kind of that made  6 me think of much is that he had his toe, he talked  7 about his toe and then in his deposition, he  8 mentioned that he may have caught his toe and so  9 that's really kind of summarizes the you catch your  10 toe and you want to extend your leg and this is  11 where the biomechanics comes in, we have a forced  12 extension against the fixed flexion that we call  13 it. His foot is down here, his foot is stuck, and  14 he is trying to straighten his leg out to get his  15 foot out from under him, and that puts an  16 incredible amount of stress on the patellar tendon  17 mechanism, and then he hears a pop and then he  18 falls.</p> <p>19 That is my opinion. One of those two,  20 you know, I can't. Again, I wish it had a better  21 video. The only thing I never saw him slip in the  22 video and if he does slip, that's not, if you slip,  23 that's not the biomechanical way of tearing your  24 patellar tendon. If you slip out from, you're more  25 likely to tear hamstrings or something along those</p>	<p>Page 22</p> <p>1 tibia or Mr. Lewis' right knee?</p> <p>2 A. Those -- those are pretty significant  3 ones. I don't have any other from his history.</p> <p>4 Q. What other factors could contribute?</p> <p>5 A. In his case or in --</p> <p>6 Q. Yeah, let me ask that. Just general,  7 what are other factors that, as an orthopedic  8 doctor, you would say, you know, if you sat down  9 and asked you would say, do you have this, this and  10 this in your history?</p> <p>11 A. Well, so we talked about a preinjury.  12 If the patient had chronic stress, climbing ladders  13 all the time, he was the athlete, he was a runner  14 and football player, smoking. I'm trying to think  15 of the other -- not sure -- overweight.</p> <p>16 So to Zoom in, you mention morbidly  17 obese, okay, when we are walking, okay, when we  18 walk one step, one foot kind of at a time, one foot  19 is down, one foot is up. When we're planting that  20 one foot and as the other foot is coming up and  21 we're now pushing off this mechanism, the patella  22 femoral mechanism sees three times your body  23 weight, okay, biomechanics. As we climb stairs, it  24 sees six times your body weight.</p> <p>25 So as that joint is under chronic</p>
<p>Page 23</p> <p>1 lines rather than tearing your patellar tendon.</p> <p>2 Q. Okay. All right. So I'm going to go  3 back through and kind of pull out the pieces  4 because I want to be sure I understand your  5 opinions here. And I'll quote from your report.  6 You listed and you just talked about the various  7 preexisting factors, so I guess is one of your  8 opinions that Mr. Lewis had preexisting factors for  9 a patellar tendon tear including previous bilateral  10 patellar tendon ruptures, the fact that he was a  11 semiprofessional and arena football player, he is a  12 daily smoker and he is morbidly obese. Is that one  13 of your opinions in this case?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. And specifically, you said  16 that -- sorry give me a second here, I have got to  17 find it. You say in your report, I believe all of  18 these preexisting factors that we just went over  19 may have contributed to a chronically weak patellar  20 tendon insertion to the tibia of his right knee.</p> <p>21 Do you still hold that opinion?</p> <p>22 A. Yes.</p> <p>23 Q. Are there any other preexisting factors  24 that you think may have contributed to a  25 chronically weak patellar tendon insertion into to</p>	<p>Page 25</p> <p>1 stress with, oh, so if you're 10 pounds overweight,  2 that joint, that patella femoral joint is now  3 seeing 30 pounds, climbing stairs now seeing 60.  4 So those are things predisposed to having a weaker  5 patellar tendon.</p> <p>6 I guess the other things, I mean,  7 there's medical conditions like rheumatoid  8 arthritis, there is medicines, there's Cipro, which  9 is some kind of quinolones, those weaken your  10 tendons overall. So I, you know, I didn't see any  11 of that that he was on any of those kind of  12 medicines here or he had rheumatoid arthritis or  13 one of those other systemic collagen diseases. But  14 those are the other diseases that would cause  15 weakened tendons.</p> <p>16 Q. Okay. Is it your opinion that these  17 preexisting factors contributed together or  18 individually?</p> <p>19 A. Oh, it's all together, they -- they  20 kind of one on top of the other, and you say the  21 smoking is 20 percent, the obesity is 40 -- you  22 can't really do any -- or the preexisting -- it's  23 sort of all contribution together.</p> <p>24 Q. Okay. All right. And moving to, I  25 think an opinion that you touched on that it's kind</p>